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** CONTINUING DATA ***** None <i>AB</i>				
** FOREIGN APPLICATIONS ***** None <i>AB</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 35 <b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 28075				
<b>TITLE</b> Traction balloon				
<b>FILING FEE RECEIVED</b> 1678	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	